

burns, falls, rodent bites, childhood lead poisoning, asthma, and other illnesses and injuries. Vulnerable subpopulations, such as children and the elderly, are at elevated risk for housing-related illnesses and injuries.

(3) Because substandard housing typically poses the greatest risks, the disparities in the distribution of housing-related health hazards are striking. 1,200,000 housing units with significant lead-based paint hazards house low-income families with children under 6 years of age.

(4) Minority populations also tend to be disproportionately affected by housing-related illnesses, including lead poisoning and asthma. According to the Centers for Disease Control and Prevention, non-Hispanic blacks and Mexican Americans are approximately 3 times as likely to have elevated blood-lead levels, compared to non-Hispanic whites. The non-Hispanic black population has an asthma mortality rate 3 times greater than the rate for the non-Hispanic white population.

(5) The annual costs for environmentally attributable childhood diseases in the United States, including lead poisoning, asthma, and cancer, total \$54,900,000,000. This amount is approximately 3 percent of total health care costs.

(6) Appropriate housing design, construction, and maintenance, timely correction of deficiencies, planning efforts, and low-cost preventative measures can reduce the incidence of serious injury or death, improve the ability of residents to survive in the event of a major catastrophe, and contribute to overall well-being and mental health. Housing units that are kept lead-safe are approximately 25 percent less likely to have another child with elevated blood lead levels. Properly installed and maintained smoke alarms reduce the risk of fire deaths by 50 percent.

(7) Providing healthy housing to families and individuals in the United States will help prevent an estimated 240,000 elevated blood lead levels in young children, 11,000 unintentional injury deaths, 12,000,000 nonfatal injuries, 3,000 deaths in house fires, 14,000 burn injuries, and 21,000 radon-associated lung cancer deaths that occur in United States housing each year, as well as 20,000,000 asthma cases and 14,000,000 missed school days.

(8) While there are many programs in place to address housing-related health hazards, these programs are fragmented and spread across many agencies, making it difficult for at-risk families and individuals to access assistance or to receive comprehensive information.

(9) Better coordination among Federal agencies is needed, as is better coordination at State and local levels, to ensure that families and individuals can access government programs and services in an effective and efficient manner.

SEC. 3. DEFINITIONS.

In this Act, the following definitions shall apply:

(1) **COUNCIL.**—The term “Council” means the Interagency Council on Healthy Housing established under section 4.

(2) **HOUSING.**—The term “housing” means any form of residence, including rental housing, homeownership, group home, or supportive housing arrangement.

(3) **HEALTHY HOUSING.**—The term “healthy housing” means housing that is designed, constructed, rehabilitated, and maintained in a manner that supports the health of the occupants of such housing.

(4) **HOUSING-RELATED HEALTH HAZARD.**—The term “housing-related health hazard” means any biological, physical, or chemical source of exposure or condition either in, or immediately adjacent to, housing, that can adversely affect human health.

(5) **LOW-INCOME FAMILIES AND INDIVIDUALS.**—The term “low-income families and individuals” means any household or individual with an income at or below 200 percent of the Federal poverty line.

(6) **POVERTY LINE.**—The term “poverty line” means the official poverty line defined by the Office of Management and Budget based on the most recent data available from the Bureau of the Census.

(7) **PROGRAM.**—The term “program” includes any Federal, State, or local program providing housing or financial assistance, health care, mortgages, bond and tax financing, homebuyer support courses, financial education, mortgage insurance or loan guarantees, housing counseling, supportive services, energy assistance, or other assistance related to healthy housing.

(8) **SERVICE.**—The term “service” includes public and environmental health services, housing services, energy efficiency services, human services, and any other services needed to ensure that families and individuals in the United States have access to healthy housing.

SEC. 4. INTERAGENCY COUNCIL ON HEALTHY HOUSING.

(a) **ESTABLISHMENT.**—There is established in the executive branch an independent council to be known as the Interagency Council on Healthy Housing.

(b) **OBJECTIVES.**—The objectives of the Council are as follows:

(1) To promote the supply of and demand for healthy housing in the United States through capacity building, technical assistance, education, and public policy.

(2) To promote coordination and collaboration among the Federal departments and agencies involved with housing, public health, energy efficiency, emergency preparedness and response, and the environment to improve services for families and individuals residing in inadequate or unsafe housing and to make recommendations about needed changes in programs and services with an emphasis on—

(A) maximizing the impact of existing programs and services by transitioning the focus of such programs and services from categorical approaches to comprehensive approaches that consider and address multiple housing-related health hazards;

(B) reducing or eliminating areas of overlap and duplication in the provision and accessibility of such programs and services;

(C) ensuring that resources, including assistance with capacity building, are targeted to and sufficient to meet the needs of high-risk communities, families, and individuals; and

(D) facilitating access by families and individuals to programs and services that help reduce health hazards in housing.

(3) To identify knowledge gaps, research needs, and policy and program deficiencies associated with inadequate housing conditions and housing-related illnesses and injuries.

(4) To help identify best practices for achieving and sustaining healthy housing.

(5) To help improve the quality of existing and newly constructed housing and related programs and services, including those programs and services which serve low-income families and individuals.

(6) To establish an ongoing system of coordination among and within such agencies or organizations so that the healthy housing needs of families and individuals are met in a more effective and efficient manner.

(c) **MEMBERSHIP.**—The Council shall be composed of the following members:

(1) The Secretary of Health and Human Services.

(2) The Secretary of Housing and Urban Development.

(3) The Administrator of the Environmental Protection Agency.

(4) The Secretary of Energy.

(5) The Secretary of Labor.

(6) The Secretary of Veterans Affairs.

(7) The Secretary of the Treasury.

(8) The Secretary of Agriculture.

(9) The Secretary of Education.

(10) The head of any other Federal agency as the Council considers appropriate.

(11) 6 additional non-Federal employee members, as appointed by the President to serve terms not to exceed 2 years, of whom—

(A) 1 shall be a State or local Government Director of Health or the Environment;

(B) 1 shall be a State or local Government Director of Housing or Community Development;

(C) 2 shall represent nonprofit organizations involved in housing or health issues; and

(D) 2 shall represent for-profit entities involved in the housing, banking, or health insurance industries.

(d) **CO-CHAIRPERSONS.**—The co-Chairpersons of the Council shall be the Secretary of Housing and Urban Development and the Secretary of Health and Human Services.

(e) **VICE CHAIR.**—Every 2 years, the Council shall elect a Vice Chair from among its members.

(f) **MEETINGS.**—The Council shall meet at the call of either co-Chairperson or a majority of its members at any time, and no less often than annually.

SEC. 5. FUNCTIONS OF THE COUNCIL.

(a) **RELEVANT ACTIVITIES.**—In carrying out the objectives described in section 4(b), the Council shall—

(1) review Federal programs and services that provide housing, health, energy, or environmental services to families and individuals;

(2) monitor, evaluate, and recommend improvements in existing programs and services administered, funded, or financed by Federal, State, and local agencies to assist families and individuals in accessing healthy housing and make recommendations about how such agencies can better work to meet the healthy housing and related needs of low-income families and individuals; and

(3) recommend ways to—

(A) reduce duplication among programs and services by Federal agencies that assist families and individuals in meeting their healthy housing and related service needs;

(B) ensure collaboration among and within agencies in the provision and availability of programs and services so that families and individuals are able to easily access needed programs and services;

(C) work with States and local governments to better meet the needs of families and individuals for healthy housing by—

(i) holding meetings with State and local representatives; and

(ii) providing ongoing technical assistance and training to States and localities in better meeting the housing-related needs of such families and individuals;

(D) identify best practices for programs and services that assist families and individuals in accessing healthy housing, including model—

(i) programs linking housing, health, environmental, human, and energy services;

(ii) housing and remodeling financing products offered by government, quasi-government, and private sector entities;

(iii) housing and building codes and regulatory practices;

(iv) existing and new consensus specifications and work practices documents;

(v) capacity building and training programs that help increase and diversify the supply of practitioners who perform assessments of housing-related health hazards and